## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

26 336301

| (Column 1) (Column 2)  |  |   |                          |                               |                              |                  |          | SMALL ENTITY  TYPE  OF |                        |         | OTHER THAN SMALL ENTITY |                        |
|--|--|---|--------------------------|-------------------------------|------------------------------|------------------|----------|------------------------|------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS   |  |   |                          |                               | Cold                         | J.               |          | RATE                   | FEE                    | ) I     | RATE                    | FEE                    |
| TOTAL OBTIMO   |  |   | 22                       |                               |                              |                  |          |                        |                        |         |                         | 770.00                 |
| FOR  |  |   | NUMBER FILED             |                               | NUMB                         | ER EXTRA         |          | BASIC FEE              | 385.00                 | OR      | BASIC FEE               | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | うら minus 20=             |                               | * 15                         |                  |          | X\$ 9=                 |                        | OR      | X\$18=                  | 270                    |
| INDEPENDENT CLAIMS   |  |   | Ç <sub>0</sub> minus 3 = |                               | <u> </u>                     |                  |          | X43=                   |                        | OR      | X86=                    | 252                    |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT                   |                               |                              |                  |          | +145=                  |                        | OR      | +290=                   |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze             | ero, enter                    | "0" in c                     | olumn 2          | •        | TOTAL                  |                        | OR      | TOTAL                   | 1503                   |
| CLAIMS AS AMENDED - PART II  |  |   |                          |                               |                              |                  |          |                        |                        |         | OTHER                   | THAN                   |
|  |  | (Column 1)                                | (Column 2                |                               |                              | (Column 3)       |          | SMALL                  | ENTITY                 | OR      | SMALL                   | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |          | RATE                   | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                    | **                            | -                            | =                |          | X\$ 9=                 |                        | OR      | X\$18=                  |                        |
|  | Independent                                    | *   | Minus                    | ***                           |                              | =                | ] [      | X43=                   |                        | OR      | X86=                    |                        |
| Ľ  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEI              | PENDENT                       | CLAIM                        |                  | ا        | +145=                  |                        | OR      | +290=                   |                        |
|  |  |   |                          |                               |                              |                  |          | TOTAL                  |                        | OR      | TOTAL                   |                        |
|  |  |   | ADDIT. FEE               |                               | 10                           | ADDIT. FEE       |          |                        |                        |         |                         |                        |
| _  |  | (Column 1) CLAIMS                         | T                        | (Colui                        |                              | (Column 3)       | ן ר      |                        | ADDI-                  |         |                         | ADDI-                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                          | NUM<br>PREVIO<br>PAID         | OUSLY                        | PRESENT<br>EXTRA |          | RATE                   | TIONAL                 |         | RATE                    | TIONAL<br>FEE          |
|  | Total  | *   | Minus                    | **                            |                              | =                | ] [      | X\$ 9=                 |                        | OR      | X\$18=                  |                        |
|  | Independent                                    | *   | Minus                    | ***                           | - 6                          | =                | <b>↓</b> | X43=                   |                        | OR      | X86=                    |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                          |                               |                              |                  | ┙┃       | +145=                  | ,                      | OR      | +290=                   |                        |
|  |  |   |                          |                               |                              |                  | ı        | TOTAL                  |                        |         | TOTAL                   |                        |
|  |  |   |                          |                               |                              |                  | ,        | ADDIT. FEE             |                        | UN      | ADDIT. FEE              | L                      |
|  |  | (Column 1)                                |                          | (Colu                         |                              | (Column 3)       | 4 _      |                        |                        |         |                         |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | NUM<br>PREVI                  | HEST<br>BBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                   | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                    | **                            |                              | =                | ▋▐       | X\$ 9=                 |                        | OR      | X\$18=                  |                        |
|  | Independent                                    | *   | Minus                    | ***                           |                              | =                | 1 [      | X43=                   |                        | OR      | X86=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                          |                               |                              |                  |          |                        |                        | On      |                         | 1                      |
|  |  |   |                          |                               |                              |                  |          |                        |                        | OR      | +290=                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE |  |   |                          |                               |                              |                  |          |                        |                        |         |                         |                        |
| <del>dide</del>  | of the "Highest Nu                             | mber Previously P                         | aid For IN TH            | IS SPACE                      | is less tha                  | an 3, enter "3." |          |                        | propriate bo           | x in co |                         |                        |